RESERVED FOR BINDING MARGIN

S. No. 1.

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15

PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement PERMANENT be stated EXACTLY. should AGE WITH UNFADING INK DEATH in plain terms, so that it may be see instructions on back of certificate PLAINLY. CAUSE OF Important. S

1 PLACE OF DEATH (No.



### E OF MARYLAND DEATH

Registration Dist.

Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale Hute 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day (Year))  17 HEREBY CERTIFY, that I attended deceased from
6 DATE OF BIRTH  (Month) (Pay (Year)	that I last saw hill allive on Seld 9 , 1914
7 AGE  1 If LESS than 1 day,hrs.  ORmin. 2	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General privace I Industry	mone repures
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) / yrs mos ds
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary (Quration) yrs mos ds
FATHER Mr Gradef  11 BIRTHPLACE OF FATHER (State or country)  11 State or country)  12 Mr.	(Signed)  , 191 (Address)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY, and (2) archetes
12 MAIDEN NAME JUSAN Cartee	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country)  14 THE ABOVE IS TRUETTO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Informant) Shighbert It Alder	Former or usual residence
(Address) - Selver Joring Mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

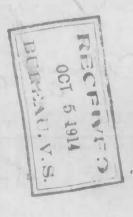
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipatheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonities," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaccause. mere symptoms or terminal conditious, such as "Asoma, Sarcoma, ctc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustlon,"



### N. B.—Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

S. No. 1.

PLACE OF DEATH 9154 County Musty	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Naruedown (No. 18)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Fernal **COLOR OR RACE SINGLE, MARRIEC, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  8 19 19 14 (Month) (Day) (Year)	Sept 3 1914, to Sept 4 1914.  that last saw h alive on Sept 4 1914.
7 AGE   if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 7 ds.
9 BIRTHPLACE (State or country) Maryland.	Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF Watter Begg	(Signed) 1 D- house h.D., M. D. Sept 3, 1914 (Address) Dansvarette find
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address). Dawzowell lig.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
Filed	alex Carliele Saishersburg.

[Approved by U. S. Census and American Public Health "Association.]

Civil engineer, Stationary fireman, etc. But in many causing neath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of 'the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As exam, (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, no who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, perifonaeum, etc.. Carcinosis of lungs, meninges, perifonaeum, etc.. Carcinosis

childbirth or miscarriage. as "Purerenal scottchacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," canse of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is icss definite; avoid use of "Tumor" for malig The contributory "Tuerperal peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Cazdeath), 29 ds. State cause for Examples:



### V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

9155



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; Ward)

[If death occurred la a hospital or institution,

-	FULL NAME Thimas B	Burn of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Pale Color or RACE Single, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH 2 , 191 (Month) (Day (Year)
6 D	ATE OF BIRTH  June 7 10 7 824  (Month) (Day (Year)	that I last saw h long alive on like 1 0 1914
TA		and that death occurred on the date stated above, at
(a	CCUPATION ) Trade, profession, or Falmus rticular kind of work	Pulmmany Pulmeulusia
bus	) Beneral nature of industry, siness, or establishmen1 in Ich employed (or employer)	(Duration) Jyrs. mos. ds.
9 B	(State or country)    10 NAME OF	Secondary (Duration) yrs 2 mos ds.
TS	FATHER BOWN	(Signed) To M. Theress Warthursting my
ARENT	(State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
<u>n</u>	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA, OR RECENT RESIDENTAL)  At place of death yrs mos ds. State yrs mos/ ds
	(Informant) Hames Beauty	Where was disease contracted, which is not at place of death?  Former or usual residence.
	(Address) Washington Sine	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed upl 26, 1914 C. A. Etchism 3, LD REGISTRAR	20 UNDERTAKEN ADDRESS  W. B. Pramblan & La. Ruch 18
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits ean be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the seeond Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business; that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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(Address).

16

### RECORD PERMANENT UNFADING

state very D . PHYSICIANS should of OCCUPATION supplied ō back Instructions \_ DEATH 5 OF mportant. Every It

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

lit death occurred in a hospital or lostitution, give its NAME instead of street and number. ]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE DATE OF DEATH MARRIED. 1914 WIDOWED, (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day it LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ?

> (Duration) Contributory Secondary

(Signed) \*State the DISEASE CAUSING DEATH, or, in deaths from FOLENT

Causes, state (1) Means of Injury; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA At place Where was diseasa contracted. It not at place of death? Former or usuai rasidenca DATE OF BURIAL

19	PLACE	OFE	URIAL	OR	REMOVAL	
	11//	7/				
-	4 00	NI	Ess.	fu	19	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

20 UNDERTAKER

REGISTRAR

3 SEX DATE OF BIRTH 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer. Stationary fireman, etc. But in many who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the "Heart failurc," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of. ..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastcs (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

V. S. No. 1.

N. B.

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1	PLACE	OF	DEATH
	~		

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/1

St.; .Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

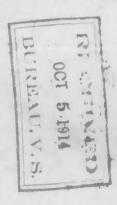
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIEO, WIDOWEO, ORDIVORCEO (Write the word)	(Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  9  (Month)  (Day  (Year)	9/0/1914, to 9/27/1914. that I last saw h 22 alive on 9/26/1914
F AGE  It LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 4.30 a.m., The CAUSE OF DEATH; was as follows:
a) Trade, profession, or particular kind of work	wondra- prumma
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds.
10 NAME OF Richard Berbe	Contributory Secondary  (Doration) yrs mos ds.  (Signed) , D, B, L,
11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) May May May Let	It not at place of death?  Former or  usual residence
(Address) Sandy Spring Sry  16  Filed 9-28-, 1914 Cohas, Frangulear  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Sand Spring Inf 9/26/, 1814.  20 UNDERTAKER  ADDRESS  Burpanels
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the oecnpations Housewife, Housework, or At Home, and children, not dnties of the honsehold only (not paid Housekeepers mme, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," engineer.

Statement of cause of death—Name, first, the nisease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eansing valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medleal Association. injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. affection need not be stated unless important. The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; State eause for "Exhanstion," For vio-



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### should state of OCCUPATION IS VERY PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. ciassified. pe IS pinous INK-THIS properly AGE supplied. pe UNFADING may certificate. carefully that 50 WITH DEATH in plain terms. See instructions on back pinods PLAINLY. of information DEATH WRITE 9 Every Item CAUSE OF Important.

3 SEX TAGE PARENTS

(Address)

15

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) If LESS than f day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which ampioyed (or ampioyer) -----<sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

		F DEATH	
DATE OF DEATH Sup.		13-	_, 191
(Mor		(Day	(Year)
I HEREBY CERTIF	Y, That	attended d	sceased from
/11 , 19/1 , to	- 0	10	, 19144
www.markenana.			
hat I last saw him alive on	**********		191
nd that death occurred on the da	te stated	above, at	10 a m
he CAUSE OF DEATH* was as f			
TO CAUGE OF BEATING WEST EST			
		1 the	
Valouly D	-5/	1 1000	~~
astherin			
		-	
(Dut	ration) 🕖.	Q yrs Q	mos. J. J.
Contributory Vaen	· e	~/	
Secondary			
different (no	ration)	O yrs.	maa d
1,000	A CONTRACTOR OF THE PARTY OF TH		
Signed)	Lec	us.	, M. I
Ocp 15, 1914 (Address)	. 1		Mi
*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN	EATH, or	, in deaths f	rom Violen
CAUSES, State (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	JURY; a	nd (2) whet	her Acciden
18 LENGTH OF RESIDENCE (FOR H OR RECENT RESIDENTS)	OSPITALS	, INSTITUTIONS	, TRANSIENT
Af place	In the		
of death yrs mos ds.	State _	yrs,	. mos d
Where was disease contracted,			
If not at piace of death?		***************	
Former or			
usual residence			

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.;



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N. B.-

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

onlamere



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 18

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Carol J. Burritt

Stammen

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Single, Single winds on or	16 DATE OF DEATH Sept. 30 ,1914 (Year)
6 DA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	November 16,870	191 ( to Jan 191 ( 191 ( )
	(Month) (Day (Year)	that I last saw h allve on Light 18 1914
7 A G	TI BEOUTHER	and that death occurred on the date stated above, at 10,30 Am,
	43 yrs // mos // ds OR min.?	The CAUSE OF DEATH * was as follows:
800	CCUPATION YIS MAL MOS. A. OS.   OR MIN. ?	Laryngeal Toulmoney
(a)	Trada, profession, or	Tulivenlosis
	General nature of industry,	
busi	ness, or establishment in	(Duration) 2 yrs mos ds.
	ch employed (or employer)	Contributory alexhalism
	(State or country) 9	Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER Ira M. Burutt	(Signed) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER	10/1, 1914 (Address) / 3 columbia med
M	(State or country) Venusy warra	* tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AR	OF MOTHER CA.	TAL, SUICIDAL, OF HOMICIDAL.
٩	Chyabeth Mcholson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Wish of Columbia	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	10 10000	If not at place of death?
(	Informant) Language The Break Const.	usual residence
	(Address). Washington Trans and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		nashington De Cet 2, 191 4
File	10 Oct / 184 6 2, Etchison M. D.	20 UNDERTAKER ADDRESS
	REGISTRAR	W Krumphrsel son Rochville m
	If more blanks are needed, address State Regis-	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failurc," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "(Recommendations on statement of (disease causing death), 29 ds.; "Convulsions," "Debility" ("Conetc. State cause for For vio-



V. S. Ne. 1.

N. B.—Every Item of information should be exceluily supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION 15 very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 9160	STATE OF MARYLAND
court montromery	CERTIFICATE OF DEATH
County Montgomery	Registered No. 7.16
May Okaro	To Came me a fame [if death occurred in
Village or City Cruy (No. 17.	( ward) a hospital or institution,
20.04.21	give its NAME instead of street and number.]
FULL NAME WOULD STO	mes carry
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Ship 1 1914
male white (Write the word)	(Month) (Day) (Year)
OATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
July 12 1914	July 12 1914 to 1 2914 1914
(Month) (Day) (Year)	that I last saw h
7 AGE It LESS than 1 dayhrs.	and that death occurred on the date stated above, at
yrs. / mos. 2.0 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	<u> </u>
(a) Trade, prefession, or particular kind of work none	Marasmus
(b) General nature of industry,	1 8
business, or establishment in which employed (or employer)	(Duretion) yrs. mos. 9 ds.
State or country) Mantage Mil	(Secondary)
In negomery, from	scon (Ouration) yrs nos ods.
10 NAME OF FATHER	(Signed), Jones Gusteton, M. D.
M 11 BIRTHPLACE	9/21, 1914 (Address) 44/8-14 nov. Fresh we
11 BIRTHPLACE OF FATHER (State or country) Pochester 12, 4, 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME ( OM )   South	AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a fulla III. Hormes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER OF MAN MAN	At place in the
14THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Carrell Cathon	If not at pisce of death?
(Informent)	usoai residence
(Address) 4-20 Comming Land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18	Washington Sept W, 191 H
Filed Self 2, 1814 those & ceomag	20 UNDERTAKER ADDRESS
REGISTRAR (	Lacionare Sour 11 30 horas
it more stanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Wash DS

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers statement. Never return "Laborer," cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puesperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 6 1914

S. No. 1.

N. B.-

PHYSICIANS should state of OCCUPATION is yery A PERMANENT RECORD properly classified. Exact statement should be stated EXACTLY. PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. so that It may be CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate. of information should be WRITE CAUSE OF

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;....Ward)

It death occurred in a hospital or institution give its NAME Instead ot street and number.]

**Simple Colored Control Colored Color	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE   LESS than   1 (ay, hrs. or min.?)   10 (a) Trade, protession, or particular kind of work   10 (b) the employed (or employer)   10 NAME OF FATHER   TALLER COUNTRY   12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)   12 MAIDEN NAME OF MOTHER (State or country)   12 MAIDEN NAME OF MOTHER (State or country)   12 MAIDEN NAME OF MOTHER (State or country)   13 BIRTHPLACE OF MOTHER (State or country)   14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)   14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)   15 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT O	To A Coolers WIDOWED.	(Month) (Day (Year)
Social Patrion   Soci	4 20 ,19.14	that I last saw h. 2. alive on 9 18 1 1916.
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intormant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intormant)  15 BIRTHPLACE (State or country)  16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  A State or country)  16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  A State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intormant)  17 Interpretation of MY KNOWLEDGE  (Intormant)  18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  A State or country)  19 State or country)  10 NAME OF FATHER  (Signed)  (Sig	yrs 5 mos ds OR min. ?	
Secondary    Secondary   Secon	(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in	(Duration) yrs 5 mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)  15 INTERMITED THE BEST OF MY KNOWLEDGE  (Intermant)  16 INTERMITED THE BEST OF MY KNOWLEDGE  (Intermant)  17 INTERMITED THE BEST OF MY KNOWLEDGE  (Intermant)  18 INTERMITED THE BEST OF MY KNOWLEDGE  (Intermant)  19 (Address)  10 MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place of death  Where was disease contracted, if not at place of death?  Former or Usual residence.	10 NAME OF as	Secondary (Doration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment)  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE)  16 the property of death yrs. mos. ds. State yrs. mos. d  Where was disease contracted, if not at place of death?  Former or usual residence.	o Theresale	*State the Disease Causing Death, or, in deaths from Florent Causes, state (1) Means of Injury; and (2) whether accorden-
(Interment) Pray bopking   If not at place of death?   Former or usual residence.	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds
	2- 11-15	If not at place of death?
(Address) Sandy Office 19 PLACE OF BURIAL OR REMOVAL  18 Sandy Office 9-21-, 1814 Pohas. Fargethan  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  3. F. Snowler  4 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed 9-21-, 1914 Chas. Fargushar REGISTRAR	Jane, Span 9/2/, 191.4  20 UNDERTAKER ADDRESS S. A. Snowlen Hykland

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up ou account of the pisease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer. (6)

pnenmonia"); lesis of lungs, meninges, peritonaeum, etc., term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted brospinal meningitis"); Diphtheria fever (the only definite synouym is CAUSING DEATH (the primary affection with respect to ("Pnenmonia," "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia nnqualified, is indefinite): Tubereufever (never report "Typhoid (avoid use of "Epidemic cere-Carcin-

> etc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As ratvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tnmor" for maliginjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 "Exhanstion," Never report For vio-

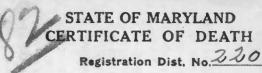


V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT N.B.

1 PLACE OF DEATH Montgomery



St: -Ward) [If death occurred in

	FULL NAME Joseph Fish	give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 ge	Lake School of RACE Single,  MARRIED. Successor  Widowed. Successor  Write the word	16 DATE OF DEATH  (Month)  (Day  (Year)
7 AC		that I last saw h alive on and that death occurred on the date stated above, a 20 Pm.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi	yrs mos ds. OR min.?  CCUPATION  Trade, protession, or circular kind of work  General nature of industry, iness, or establishment in ch employed (or employer)	nglif abdourne producing fuller wal termorrhay (Duration) yrs mos. 88.
ARENTS	10 NAME OF Miliame Office  11 BIRTHPLACE OF FATHER (State or country)  12 MAIGNET HAME  12 MAIGNET HAME  14 DE MATTHEME  14 DE MATTHEME  16 DE MATTHEME  17 DE MATTHEME  18 DE MATTHEME  18 DE MATTHEME  19 DE MATTHEME  10 DE MATTHEME  10 DE MATTHEME  11 DE MATTHEME  12 DE MATTHEME  13 DE MATTHEME  14 DE MATTHEME  15 DE MATTHEME  16 DE MATTHEME  17 DE MATTHEME  18 DE	(Signed). (Ouration) yrs. mos. ds.  (Signed). M. Drivier, M. D.  922, 1914 (Address) Gameswelle Ma  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 T	OF MOTHER Mess Mack  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mas. ds Where was disease contracted, It not at place of death? Former or usual residence.
16	(Address) Gaithersburg Mc ed It 22, 1314 J. M. While REGISTRAR If more blanks are needed, address State Regis	PPLACE OF BURIAL OR REMOVAL  PAIR OF BURIAL  PAIR OF BURIAL  PAIR OF BURIAL  PAIR OF BURIAL  ADDRESS  PAUL Hillie Flow Bancesville Md  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, 30 (Day / attended deceased from DATE OF BIRTH (Month) Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_ Where was disease contracted.

> usual residence 20 UNDERTAKER

Former or

MY KNOWLEDGE

19 PLACE OF BURIAL OR REMOVAL

If not at place of death?...

DATE OF BURIAL

ADDRESS

337-10 St. mi

If more blanks are needed, address State Registrat, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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14 THE ABOVE IS TRUE TO THE

[Approved by U. S. Censns and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnenmonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



### RECORD PERMANENT UNFADING of

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Instructions

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DEATH

Item 10

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County..... .. Ward) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 350 S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than 1 day .....hrs. The CAUSE OF DEATH \* was as joliows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) --Contributor 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death ..... yrs. .... mos. State Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. (Address) .... 16 20/61 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or Institution, give Its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Year) (Dav attended deceased from and that death occurred on the date stated above. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection used not be stated unless important. uaut neoplasms); Mcasles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgiu; "Can ample: Measles (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### V. S. No. 1.

N. B.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/8

St.;....Ward)

[If death occurred to a hospital or institution, give its NAME Instead of street and number.]

2 FULL NAME Marria Howelf

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
331	emale 4 color or race 6 single, Married, Single willowed, or by or	about # (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	241 15 1914 to 241 18 , 194, that I last saw h & alive on 241 17 , 1914
	yrs J mos 1 day,hrs.	and that death occurred on the date stated above, at 10 mm, The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, profession, or rticular kind of work	(Duration) Linkshoven mos. ds.
981	RTHPLACE (State or country)  Washington & C.	Gontributory Secondary  (Ouration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed)
PARI	12 MAIDEN NAME OF MOTHER  May Small  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 T	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. 2 mos. ds. State yrs. 2 mos. ds  Where was disease contracted, If not at place of death? Cross
	(Intermant) Ara Nurell  (Address) Ruchalla md	Former or usual residence
15 FII	BO Supt 19, 1914 (1) atchum 9, 11 REGISTRAR	20 UNDERTIKER ADDRESS 20, N. Primply & Son Ps Chille
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing nearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichac cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PUREAU, MS.

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### RECORD A WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

PLACE OF DEATH 9166	,
County Mortgonery	(
Village or City Barnestrellino.	
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Barnesville.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  SINGLE, MARRIEO, WIDOWEO, WIDOWEO, With the word)  8 DATE OF BIRTH  SAL.  (Month)  (Day)  (Tear)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from the control of th
TAGE Stief Born if LESS than 1 day,hrs.  OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry,	and that death occurred on the date stated above, at 130 9 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Pobrit Scular Fulchersby  11 PRETHERACE	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Agues May Tohur  13 BIRTHPLACE OF MOTHER (State or country)  M. A. STATHER (State or country)	*State the DISHABE CAUSING DRATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds.
(Informant) Lyses May Aslew  (Address) Selwar Med,	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Mouve  20 UNDERTAKER  ADDRESS
Filed , 1914 REGISTRAR	Nous

If more Stanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Caroin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras gcnltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis mant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumer" for mails oma. Surcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

15

### RECORD PERMANENT THIS. INK UNFADING WITH PLAINLY, WRITE

state Very, PHYSICIANS should of OCCUPATION IS statement EXACTLY. Exact stated classified. pe pinous properly AGE supplied. pe тау certificate. carefully that it 80 0 of Informa-Every Item GAUSE OF Important. m z

1 PLACE OF DEATH **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 16 DA 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEDT WIDOWED (Write the word) 17 DATE OF BIRTH that I (Month) (Day (Year) 7 AGE If LESS than and th 1 day, Af. hrs. The C. mos OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Co 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) CAU 12 MAIDEN NAME TAL, OF MOTHER 18 LE 13 BIRTHPLACE OF MOTHER (State or country) OR At place ot deat Where THE ABOVE IS TRUE TO it not a Former usual r 19 PL (Address)

STATE OF MAI	
CERTIFICATE O	F DEATH
Registration Dis	st. No. 7-16
Raymond St.; Ward	[It death occurred in a hospital or institution, give its NAME lostead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH Seft,	1. H. 191. H. (Year)
17 I HEREBY CERTIFY, That	
Sept 14 , 1914, to De	1 14 , 1914.
that I last saw her alive on doll	14 .1914
and that death occurred on the date states	1 shows at 5-50 P
The CAUSE OF DEATH* was as follows:	above, at
Fremature birth	
	***************************************
(Burglion)	7 Bestolin
(Buration)	JIS. J. MOS. 18.
Contributory Oceanistens J. Secondary	orana orale
Contributory Seesis (Buration) Secondary  (Buration)	yrs _ mos _ se.
	orane orale  4 hours  yrs
(Signed) (Quration)	yrs mos ds.  yrs mos ds.  yrs mos ds.
(Signed) (Quration) (Signed) (Signed) (Address) 1428	orane orale thous or
(Signed)  *State the Disease Causing Death, or Causes, state (1) Means of Injury; air Tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals)	TIS MOS. ds.  Traine Otale  Hhous  Trs Mos. At.  Or , M. B.  Flores are 44  In deaths from VIOLENT and (2) whether ACCIDEN-
(Signed)  Soft (Address)  *State the Disease Causing Death, or Causes, state (1) Means of Injury; at Tal, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals or Recent Residents)  At place in the	Traine orale  Thous  Traine orale  Thous  Traine  Trai
(Signed)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; AND TAL, SUICIDAL, OF HOMICIDAL.  *8 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place In the of death	Traine orale  Thous  Traine orale  Thous  Traine  Trai
(Signed)  Self (Address)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State Where was disease contracted,	Traine orale  Thous  Traine orale  Thous  Traine  Trai
(Signed)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State _  Where was disease contracted, it not at place of death?  Former or	Traine orale  Thous  Traine orale  Thous  Traine  Trai
(Signed)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL  OR RECENT RESIDENCE (FOR HOSPITALS OF RECENT RESIDENCE)  At place in the of death yrs. mos. ds. State _  Where was disease contracted, it not at place of death?  Former or usual residence.	TIS MOS. ds.  TOTALLE OTALE  Horizo  Horizo  JIS MOS. MS.  OL , M. B.  KLOSS. ARE W.  In deaths from VIOLENT  ad (2) Whether ACCIDEN-  INSTITUTIONS, TRANSIENTS.  JIS. MOS. ds
(Signed)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State _  Where was disease contracted, it not at place of death?  Former or	TIS MOS. ds.  Traine orale  Throws  Throws  JIS MOS. 34.  Ou , N. B.  Chars, are blue  In deaths from VIOLENT and (2) whether ACCIDEN-  INSTITUTIONS, TRANSIENTS,  JIS. MOS. ds  DATE OF BURIAL
(Signed)  *State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL  OR RECENT RESIDENCE (FOR HOSPITALS OF RECENT RESIDENCE)  At place in the of death yrs. mos. ds. State _  Where was disease contracted, it not at place of death?  Former or usual residence.	TIS MOS. ds.  TOTALLE OTALE  Horizo  Horizo  JIS MOS. MS.  OL , M. B.  KLOSS. ARE W.  In deaths from VIOLENT  ad (2) Whether ACCIDEN-  INSTITUTIONS, TRANSIENTS.  JIS. MOS. ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificats. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

St.;----Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and number.]

Village or City (No ..

9168

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 1	4 COLOR OR RACE Single, MARRIED, Surgle Willie Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept 20 ,1914  (Month) (Day (Year)  17 C / I hEREBY GERTIFY. That I attended decessed from
6 DA	Sept. 1913, (Month) (Day (Year)	that I last saw have allow on Suff 20 1914.
TAG	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) par	CCUPATION  1 Trade, profession, or  ticular kind of work	Cholera Infantum
busi whi	Beneral nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs 3 mos ds.
9 B I	10 NAME OF FATHER	Secondary  (Signey)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) May May d.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state or Householder and (2) whether Accidental Causes, state or Householder and (2) whether Accidental Causes of Householder and (3) whether Accidenta
PAR	13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place
	OF MOTHER (State or country) ////////////////////////////////////	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
15	(Address) Dic/Llyon Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LICHERATOR A. A. A. A. 2 2 101 24
File	ed Sep 22, 1914 J. M. While REGISTRAR	20 UNDERTAKER  Jacobson Don Danierous  Address  Address
	If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the msease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) sTyphoid fever (never report "Typhoid diseasent); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State enuse for childbirth or misearriage as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Branchopneumonia (secondary), 10 ds. affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No.

m.

ż

certificate.

See instructions on back of

(Intermant)

15

(Address).

of OCCUPATION Is very

Exact statement

### 1 PLACE OF DEATH

County Mo	ula	oncen
		1

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	2	10	4
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DATE OF BURIAL

ADPRESS

	6	Registration Dist. No. 2/4
Village or City leacewelle 2 FULL NAME Stell-from	(No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of Chas V. Bestha MEST cort street and number.]
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, DRDIVERO (Write the	Sugle e word)	16 DATE OF DEATH (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH		
(Month) (Da	y (Year)	that I last saw halive on,191
** OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	If LESS than f day,hrs, OR. OR. O. min. ?	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	200	Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	erson!	*State the DISEASE CAUSING DEATH, or, in deaths from Volume CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KI	Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.  Where was disease contracted, If not at place of death?
10 ha. Ma (1) ()	/	Farman an

If more blanks are necded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death causing death affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synouym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Coutributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 State cause for "Exhaustion," Never report For vio-



### 02

### RECORD PERMANENT 4 2 THIS UNFADING INK-PLAINLY, WITH WRITE

state PHYSICIANS should of OCCUPATION is Exact, statement stated EXACTLY. classified. pino properly AGE supplied. pe may certificate. carefully 0 be on back terms, pinous plain See Instructions Information 2 DEATH 0 Item OF Important. CAUSE 8 ż

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

8 OCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

which employed (or employer) -----

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Solor of RACE  Single,  MARSIED,  Wido LED  Wido LED  OR DIVENCE (Write the WOLD)	18 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
March , 1893 (Year)	may 15, 1914, to Sift (), 1914, that I last saw h in allive on Sift ?, 1914
yrs ds.   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
Cook.	antry Orny
istry, nt in yer)	(Duration) yrs. 3 mos. ds.
mcd	Contributory Closes Juny (Emfgume)  Secondary (Duration) yrs 2 mos ds.
Heury moore	(Signed) 6. h. alchibun M. D.
entry) Mod.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDEN.
Mag Jackson	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
intry) / / Mor	At place of death yrs mos ds. State yrs mos ds
Lauren Move	Where was disease contracted, it not at place of death?  Former or
Germantonn Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
1914 CAD ELETANA DE REGISTRAR	oundertaker Address Address
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Never report



No. và

YSICIANS should state OCCUPATION Is very PHYSICIANS RECORD of statement PERMANENT EXACTLY. stated properly classified. 4 pe 2 should UNFADING INK-THIS AGE supplied. be may certificate. carefully that it 0 0 WITH be terms. should 6 PLAINLY. See instructions o Information WRITE ō CAUSE OF important. S

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address).

OF MOTHER

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

which employed (or employer) ......

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

St .:-.Ward)

MEDICAL CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.]

²FULL	NAME 1	elliam	Walson	more
				11

ORDIVERCEO (Write the word)

(Day

1834

(Year)

If LESS tha

t day .....hrs

OR ..... min. ?

SINGLE, MARRIED, WIDOWEO.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

	16 DATE OF DEATH 9 6 1914
	(Month) (Day (Year)
=	17 I HEREBY CERTIFY, That I attended deceased from
	9/1/, 1914, to 9/6/, 1914,
	that I last saw h. Am. alive on 9 6 6 1 191 4
	and that death occurred on the date stated above, at 5./2 Pm,
.	The CAUSE OF DEATH* was as follows:
	Dincho Oneumina.
2	Smeno V. Mulmarak
	(Annual Control of the Control of th
	(Duration) yrs mos ds.
_	Secondary Secondary
_	(Duration) mosds.
	(Signed) A. A. S. M. D.
-1	9/74 1914 (Address) Sand Spins my
	*State the DISEASE CAUSING BEATH: OF in deaths from VIOLENT
-	CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
v	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
-	At place In the
	of death yrs mos ds. State yrs mos ds
	Where was disease contracted,  If not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	
	Sandy Johns my 9/8/, 1914
2	S. Th. Ceachell Brokenile &
gistr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Re

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional liue is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakuess," geuital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report For vio-



N. B.

Village or City Markey to Grove (No. 2FULL NAME Martin Property Research	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/8  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOROR RAGE   5 SINGLE, MARRIED, MADNIEL WIDDWED, OR DIVERCED (Write the word)   5 DATE OF BIRTH (Mooth) (Day (Year)   7 AGE	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1914, to  1914, to  1914, to  1914, to  1914, to  1914, to
BOCCUPATION  (a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOT	(Signed)
(Informant) Auguston Crove  (Address Nanhangton Crove  16  Filed Light 4 1914 C. D. Thelium D. M. REGISTHAR	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Former of Usual Contracted,  ADDRESS  Strar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Hausekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additioual line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as genital," "Seuile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.; State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.

S. No. 1.

### RECORD PERMANENT UNFADING WITH

state Very 40 SICIANS should occupation is PHYSICIANS classified. pe properly AGE be may that 20 00 back terms, uo piain instructions 2 EATH 50 OF Item Every Item CAUSE OF Important. 0

ARENT

15

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St .....Ward) a hospital or institution. give Its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED, (Month) (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 4,30 Gm. 1 day,....hrs. BOCCUPATION particular kind of work free (a) Trade, protession, or (b) General nature of industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.

18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
At place In the of death \_\_\_\_\_\_yrs. \_\_\_\_\_\_mos. \_\_\_\_\_ ds

Where was disease contracted,

Beally of DATE OF BURIAL

20 UMDERTAKER

It not at place of death?.

usual residence.

Bukull m

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yis.) For persons return "Laborer," "Foreman," -Coal (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia, ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Mcasles; Whooping cough; Chronic ampie: Mcasles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway, train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



### FOR BINDING RESERVED MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 211/

St.;....Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

(No.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hule Single, Married, Willower, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  LHEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Lie 25: , 15.86  (Month) (Day (Year)	that I last saw have alive on Seld The 1914
7 AGE If LESS than t day,hrs.  2 7 yrs. 7 mos. / Z ds.   ORmin. ?	and that death occurred on the date stated above, at 1 Pm.  The GAUSE OF DEATH* was as follows:  Pulmon and Juberesslvano
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Julmonary Juverentous
business, or establishment in which employed (or employer)	Gontributory (Ouration) / yrs. Z mos. O ds.
(State or country) — Md.	Secondary (Ooration) yrs mos ds.
10 NAME OF FATHER ACLEN REED  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Vyo/ent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Mcl	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs ds. State yrs ds. Where was disease contracted,
(Interment) Control of the Best of My Knowledge	It not at place of death?  Former or usual residence.
(Address) Society (Address) Society (Address) Society (Address) Registrar	19 PLACE OF BURIAL OR REMOVAL  Loclesvelle  20 UNDERTAKER  Jen Puriphrey  Rockvelle
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Iuauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustlou," Never report



N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF I

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/2

Ilf death occurred in

FULL NAME Walks &	give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black (Witte the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
7 AGE  2 3 , 1894.  (Month) (Day (Year))  7 AGE  1 day, hrs.  OR min.?	that I last saw have allve on And the Cause of Death was as follows:
**Soccupation (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Multiple Country**  **Mult	Contributory ful monaty Secondary Culosia (Buratian)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER Wally Simms &	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Mary  Manual  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, FOR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds Where wes disease contracted, if not at place of death?  Former or usual residence.
(Address) Prolecule md  16 Filed Sept 7, 1914 Ew. White REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  Mathematical Date of Burial  Mathematical Date of Burial  20 UNDERTAKER  ADDRESS  Company of the Company of th

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

# 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

2FULL NAME Juth Small	St.;Ward)	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH _
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWEO, ORDIVORCEO UNGLE (Write the word)	16 DATE OF DEATH  (Month)  (Month)  17 I HEREBY CERTIFY, That I att	Day (Year)
TAGE  TAGE	that I last saw h. alive on Suff	2", 1914, 2", 1914
** OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Eulin Calitis	
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER  OF FATHER  11 BIRTHPLACE** (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) AB Hadday	rsds. ds. , M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was disease contracted, If not at place of death? Former or osual residence	yrs, ds
(Address) Sathershing Mot  Filed Sept ) 1914 C. M. Elething Mill REGISTRAR	20 UNDERTAKER ASLISH	DORESS MILES MILES
It more blanks are needed, address State Regi-	strar, 6 E. Franklin St., Balto., Requesting V. S. No	. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease in time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scotichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of Never report



### RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very AGE should be stated EXACTLY. of information should be carefully supplied. ACE should be simpled. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in piain terms, s Important. 'n

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

--St.;-----Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and oumber.]

\*FULL NAME /M P Stallsmith

	FULL NAME	>coopy
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
38	4 COLOR OR RACE SINGLE, WIDOWED, WIDOWED, WITTE the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded decaasad from
	(Month) (Day (Year)	that I last saw h w shoon 50 fet 26", 1914
7 A	If LESS than t day,hrs.	and that death occurred on the data stated above, at 11:30 f.m.
	yrs mos ds, OR min.?	The CAUSE OF DEATH* was as follows:
(1	POCCUPATION a) Trade, profession, or articular kind of work.	Guidet wounds (Smicidal)
bu	) General nature of Industry, siness, or establishment in hich employed (or employer)	(Duration) First au quenz.
9 8	(State or country)	Contributory Secondary  (Ouration) yrs mos ds
	10 NAME OF THE STATE STATE	(Signed) 17au D., M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injun; and (2) whether Acciden-
PARE	12 MAIDEN NAME Swill	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs, mos. ds
14	(Informant) My Mande W. Statemith	Where was disease contracted,  If not at place of death?  Former or  usual residence.
16	(Address) Pelowac Jul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
F	lied Self- 27, 191 4 Mun Wale	20 UNDERTAKER RODRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from tbenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for ehlidbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convuisions," "Debliity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) (Recommendations on statement of



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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Day (Year) TAGE If LESS than f day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted. If not at place of death?. Former or Every Item CAUSE OF Important. usual residence 15 20 UNDERTAKER Filed.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in .....Ward) a hospital or Institution, give its NAME Instead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH Month) .. 191 4 (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_ DATE OF BURIAG ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully caployed, as At school or At home. statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Curcin-

scpsis, tetanus) may be stated under the head of such, If impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scalle," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustlon,"



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9179 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St; Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME MMM	J. Lass
	11

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 all Hutt Single, Single, wishowed, Orevence (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That, I attended deceased from
(Month) (Day) (Year)	Seft 24 1914, to Sept 13th 1914, that last saw h alive on Sept 13th 1914.
Trade, profession, or flourer labouer.	and that death occurred on the pate stated above, at
General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE tate or country)  Muryland	Contributory (Secondary)
10 NAME OF Barton Trail  11 BIRTHPLACE OF FATHER (State or country) Maryland.  12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER WILLY Co. M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Interment) See Succession (Address) Seuce Magnetic Magne	Where was disease contracted, It not at place of death?  Former or usual residence
ed,191	20 UNDERTAKER P. Carlish Pathersburg
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

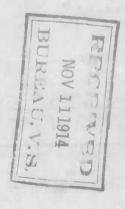
No. 02

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (net paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may he entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of tungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purremeal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as -A art failurc," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Ohronic interstittal nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," 'Uraemia," "Weakness," (name origin; "Can death), 29 ds.: State cause for Examples: 10



### RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ACE OF DEATH

KWAGAN

9180



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

\*FULL NAME Million Kuny, Madr

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D.	Month (Month) (Day (Year)	Sept 1" 1914 to 5 1" 1914, that I last saw h 1 alive on Sept 1" 1914
TA	GE   11 LESS than t day,hrs. ORmln.?	and that death occurred on the data stated above, st 10:00 H m. The GAUSE OF DEATH* was as follows:
(2	CCUPATION ) Trade, profession, or ricular kind of work	Olympic anticular Phumatism
bus	) General nature of Industry, siness, or establishment in ich employed (or employer)	(Dération) 12 yrs mos ds.
9 B	(State or country) Nash Co. Md.	Secondary O (Ouration) Marketing mos. ds.
TS	10 NAME OF FATHER SOM SOME SOME SOME SOME SOME SOME SOME	(Signed) M. D. M.
PARENTS	12 MAIDEN NAME MOYAGAYA W.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death  yrs. b mos. x ds. State  State  Where was disease contracted, & J
	(Informant)	if not at place of death Promer or osual residence. The way the Mark to. Mr.
16	(Address) Calou John Mid.	PACE OF BURIAL OR REMOVAL DATE OF BURIAL 191 4 , 191
Fil	ed Selst 1" 191 LL NW WITTON	20 UNDERTAKER RADDRESS RACKVILLO NEd.
	at more planks are needed, address State Regist	rar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart discase; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent)



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PLACE OF DEATH



19 PLACE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Remesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: Ward)

Tif death occurred in a hospital or institution. give its NAME instead

ADDRESS

### OCCUPATION IS RECORD ela liceda ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. ORDIVORCED (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATHA was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER of terms, PARENTS 11 BIRTHPLACE OF FATHER (State or country) Da \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) \_ At place of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death?... 0 Former or OF Every item CAUSE OF important. usual residence.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping dough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.\_\_\_

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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City	19 00 LV2 (N	0
	1100	111
²FULL	NAME Trancies	Mario
	* 13.775	

1 PLACE OF DEATH

2FULL NAME / Hanges land				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWEO, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)			
TAGE  OCCUPATION  (a) Trade, profession, or particular kind of work.  OCCUPATION  (a) Trade, profession, or particular kind of work.  OCCUPATION  (b) Control or particular kind of work.  OCCUPATION  (c) Trade, profession, or particular kind of work.	that I set saw here alive on the date stated above, st 4 thm.  The Cause of Death* was as follows:  Liliumary Luberculoses			
(b) General nature of industry, business, or establishment in which omployed (or employer)	(Ouration) / yrs mos. ds.			
10 NAME OF FATHER PLACE OF GUILTY OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Jeoury M. D.  *State the Disease Causing Death, or, in deaths from Violent Aduses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the of death yrs, mos ds. State yrs, mos de Where was disease contracted, if not at place of death?  Former or usual rosidence			
(Address) 2 vy Co  16  Flied, 191	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 21 1914  20 UNDERTAKER ADDRESS BALLANDELLE BALLANDELLE ADDRESS			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, Irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. affection used not be stated unless important. Exctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of ..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of ete.), Never report



See instructions on back of certificate.

important.

### N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

1 PLACE OF DEATH County Monda

Village or City Leeman

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/2

_St.;Ward)	[It death occurred in a hospital or institution
	w nachityl ni metitanan

2FULL NAME Bruise Davey Zimmer.					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
4 COLOR OR RACE Single, Married, Wisowed, Wisowed, Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from				
6 DATE OF BIRTH  (Month)  (Day (Year)	that I last saw be alive on Sept 8 , 1914.				
7 AGE  11 LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 330 / m.  The CAUSE OF DEATH * was as follows:				
8 OCCUPATION (a) Trade, profession, or particular kind of work	+ cold se balling				
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.				
(State or country) Frederick Co md	Secondary (Ouration) yrs mos /8 ds.				
of the summer of	(Signed) W W h. 1. 0.  State the Disease Causing Death, or, in deaths from Violent				
12 MAIDEN NAME OF MOTHER Larry Marky	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION'S, TRANSIENTS, OR RECENT RESIDENTS)				
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,				
(Intermani) Siry Zimonoma	If not at place of dealh?————————————————————————————————————				
(Address). Fileman Ind	ms alive Cemedary Supt 9 , 191 H				
Filed Syl 9, 18VH SW While	20 UNDERTAKER ADDRESS Tom Hellon Hones Barnevillo Me				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely, Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing iffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For VIO-

